DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G483	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/23/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPEWELL CENTER INC	211 MILLSTREAM ROAD ANDERSON, IN 46011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS This visit was for the investigation of complaint #IN00110616. Complaint #IN00110616 - Unsubstantiated due to lack of evidence. Date of survey: July 23, 2012. Surveyor: Kathy Craig, Medical Surveyor III Facility Number: 000997 Provider Number: 15G483 AIMS Number: 100249410 Hopewell Center, Inc. was found to be in compliance with 42 CFR, Part 483, Subpart I and 460 IAC 9 in regards to the investigation of complaint #IN00110616. Quality review completed on July 26, 2012 by Dotty Walton, Medical Surveyor III.	W 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE